PART B - FEE(S) TRANSMITTAL

Gomplete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450 or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying				
	590 12/30/200		TPE	<i>></i>	Fee(s) Transmittal. The papers. Each addition have its own certificate	nis certificate cannot be used al paper, such as an assignment of mailing or transmission.	for any other accompanying ent or formal drawing, must	
BEUSSE BROWNLEE WOLTER MORA & MAIRE, P.A. 390 NORTH ORANGE AVENUE SUITE 2500 ORLANDO, FL 32801				C(01 30)	Co	rtificate of Mailing or Tran. his Fee(s) Transmittal is bein with sufficient postage for fit il Stop ISSUE FEE address PTO (703) 746-4000, on the d	emission	
		E.		Š	Linda Sanders		(Depositor's name)	
		₹ į	HADEMAR		Den	da soud	(Signature)	
					March 24, 2005		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/771,608	02/04/2004	Michael Abelma			ın	617690-107 3435		
TITLE OF INVENTION:								
PROTECTIVE HEA	ADGEAR							
MOTEOTIVETIE	ADOLAIN							
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PI	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	10		\$300	\$1000	03/30/2005	
EXAM	IINER	ART UN	NIT CLASS-SUBCLASS]			
LINDSEY, RO		3765	• • • • • • • • • • • • • • • • • • • •		02-421000			
1. Change of correspondence address or indication of "Fce Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The early of the name of a single firm (having as a member a registered attorney or agents) and the names of up to 2 registered attorney or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR CITE SO) Sebastian, Florida 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents and the names of up to 2 registered attorneys or agents. In name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR CITE SO) Sebastian, Florida 2. For printing on the patent attorneys or agents and the names of up to 2 registered patent attorneys or agents. In name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Sebastian, Florida 1								
Please check the appropriate	assignee category or catego	ories (will not be pr	inted on the p	atent):	☐ Individual ☐ C	Corporation or other private gi	roup entity Government	
4a. The following fee(s) are			4b. Payment of Fee(s):					
☑ Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (cnclose an extra copy of this form).					
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See	•	☐ h Annlie	ant is n	o longer claiming SMA	LL ENTITY status. See 37 C	CFR 1 27(e)(2)	
								
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if required) ords of the United States Pat	will not be accepted ent and Trademark	from anyone Office.	other t	han the applicant; a reg	y paid issue fee to the applicatistic property or the property of the property	the assignee or other party in	
Authorized Signature	Robert & V	Jolfen .			Date Marc	th 24, 2005		
Typed or printed name Robert L. Wolter			Registration No. 36,972					
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								

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Fees pursua	ant to the (Consolidat	ed App	ropriatio	ns Act, 2	2005 (H.R	. 4818).

MAR 2 8 2005

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,000.00

Complete if Known					
Application Number	10/771,608				
Filing Date	02/04/2004				
First Named Inventor	Michael Abelman				
Examiner Name	Lindsey, Rodney M.				
Art Unit	3765				
Attorney Docket No.	617690-107				

METHOD OF PAYMEN	IT (check al	I that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name:								
For the above-iden	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity						Fore Doi:d (\$)		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	·	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) Each 25 200 100 180								
Total Claims	Extra Claim	s Fee (\$) <u>Fee Pai</u>	1 (\$)	Multiple De	ependent Clai		
- 20 or HP =			=		Fee (\$)	Fee F	Paid (\$)	
HP = highest number of total Indep. Claims - 3 or HP =	Extra Claim	<u>s Fee (</u>	Fee Paid	<u>l (\$)</u>				
HP = highest number of inde		paid for, if great	er than 3					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other: Issue Fee (\$700) and Publication Fee (\$300) \$1000.00								

SUBMITTED BY Registration No. 36,972 (Attorney/Agent) Telephone Signature 407-926-7706 Date March 24, 2005 Name (Print/Type) Robert L. Wolter

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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